

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 12, 2002 8:00 am**  
**Secretary of State**

05-12-2002 90582 016 \*\*\*\*50.00

**DOCUMENT # L00000011328**

1. Entity Name  
**BUTTERS NEWPORT, LLC**

Principal Place of Business <b>1096 EAST NEWPORT CENTER DR., STE. 100          DEERFIELD BEACH FL 33442</b>	Mailing Address <b>1096 EAST NEWPORT CENTER DR., STE. 100          DEERFIELD BEACH FL 33442</b>
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2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number **65-1050020**      Applied For  
 Not Applicable

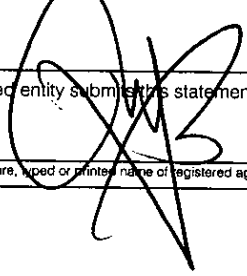
5. Certificate of Status Desired  **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BAYNE, SHAWN  
 200 E. BROWARD BLVD., STE. 1900  
 FT LAUDERDALE FL 33301**

Name **Malcolm Butters**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1096 E. Newport Center Drive, Suite 100**  
 City **Deerfield Beach**      **FL**      Zip Code **33442**



8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM BUTTERS, MALCOLM</b> <input type="checkbox"/> Delete <b>1096 EAST NEWPORT CENTER DR., STE. 100 DEERFIELD BEACH FL 33442</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM BUTTERS, MARK</b> <input type="checkbox"/> Delete <b>1096 EAST NEWPORT CENTER DR., STE. 100 DEERFIELD BEACH FL 33442</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:** \_\_\_\_\_ **SIGNATURE REQUIRED**      **4/29/02**      **(954) 570-8111**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #

CRE2E083 (9/01)